



Memorandum

Date: January 24, 2019

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD, Director of Community Health** *mj*
Joseph P Iser, MD, DrPH, MSc, Chief Health Officer *JPI*

Subject: Community Health Division Monthly Report

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

1. Tobacco Control Program (TCP):

This month an educational initiative was implemented and promoted on youth-focused social media platforms. The theme of this initiative was about the predatory practices of the tobacco industry on people who suffer from mental illness. Short videos, static images and GIFs were created with influential local teens talking about the strategies the tobacco industry used to get people addicted to their products.

This month youth began to organize and create strategy on how to educate the community on the benefits of Tobacco 21. Tobacco 21 is a policy priority identified by the Nevada Tobacco Prevention Coalition. The initiative will be titled "Stand on Tobacco 21." Youth will work on ways to promote the "Stand on Tobacco 21" movement with the goal to show support for increasing the age from 18 to 21 for the sale of all tobacco products.

Staff worked with SNHD PIO to develop a press release in English and Spanish related to the national Great American Smoke Out (GASO). The objective of GASO is to promote quitting tobacco products through evidence based methods such as free counseling through the Nevada Tobacco Quitline 1-800-QUIT-NOW.

Staff participated in the Desert Research Institute meeting designed to form a statewide group to focus on emissions that effect the airway with a focus on e-cigarettes and marijuana.

2. Chronic Disease Prevention Program (CDPP):

As part of the Pathways from Poverty program, CDPP is sponsoring the 'Girls on the Run' team at a local elementary school. CDPP is sponsoring two seasons of the program at the school – fall and spring. The first season kicked off in late September and ended in late November. Ten girls participated on the SNHD-sponsored team this season. Girls on the Run utilizes an evidence-based curriculum that empowers girls by promoting and fostering self-esteem, confidence and social skills and incorporates physical activities such as running. The team participated in the celebratory 5K event in early December.

CDPP is working with UNLV to develop nutrition standards, increase utilization and healthier options in the UNLV student food pantry. The initiative kicked off in November with CDPP staff providing technical assistance and meeting with various organizations and individuals at UNLV including the director of The Intersection, Three Square, and members of CSUN student government. A taskforce will be convened to develop a plan for increasing healthier food options at the UNLV Food Pantry. Relatedly, CDPP is also launching a healthy vending initiative on the UNLV campus that will include piloting 3 100% healthy machines in high profile areas and raising the threshold of products that meet minimum nutrition standards in all machines to 35%. This initiative supports a healthy food resolution passed earlier in the summer by the CSUN student government. CDPP is sponsoring a paid healthy vending media campaign on the UNLV campus that will launch in February.

The Partners for a Healthy Nevada (PHN) coalition School Wellness Taskforce held its first face-to-face meeting in November. The taskforce is comprised of PHN members who are working to support school wellness in local schools. At the first meeting, attendees discussed a vision, mission, and goals for the taskforce and developed action items for future work. CDPP is also serving on the Nevada Department of Agriculture's School Wellness Conference planning committee. The conference is scheduled for early February and will be promoted to school wellness coordinators.

The CDPP – Diabetes Prevention & Control Program is seeking program recognition from the American Diabetes Association (ADA) for Education Recognition Program (ERP) Diabetes self-management program recognition. This recognition will distinguish SNHD's DPCP as a program that utilizes evidence-based programs and strategies to prevent diabetes and improve self-management outcomes. The application process was started in November and we hope to complete the process and receive recognition by spring 2019. Relatedly, a campaign to promote diabetes and prediabetes awareness launched in November via online and social media ads in both English and Spanish. A press release generated several earned media interviews on English and Spanish language radio programs. CDPP staff provided a US Conversation Maps: Journey to Control workshop for 9 seniors at the YMCA in November. A second workshop at YMCA is planned for December/January.

The 4th Quarter edition of the Healthy Headlines e-newsletter was sent in October to nearly 8,000 recipients. The newsletter highlights information on CDP programs, resources and services. The next issue will be sent out in February 2019.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

a. Surveillance and Investigations:

Community Health – OEDS – Fiscal Year Data

Morbidity Surveillance	Dec	Dec		FY17-18	FY18-19	
	2017	2018		(Jul- June)	(Jul- June)	
Chlamydia	982	1,002	↑	6,411	6,825	↑
Gonorrhea	413	409	↓	2,470	2,711	↑
Primary Syphilis	17	6	↓	103	113	↑
Secondary Syphilis	36	12	↓	191	146	↓
Early Non-Primary, Non-Secondary ¹	37	17	↓	239	218	↓
Syphilis Unknown Duration or Late ²	48	22	↓	278	295	↑

Congenital Syphilis (presumptive)
New Active TB Cases Counted - Pediatric
Number of TB Active Cases Counted - Adult

0	0	→	8	12	↑
0	1	↑	0	1	↑
6	5	↓	40	23	↓

1 Early Non-Primary, Non-primary, Non-Secondary=CDC changed the case definition from early Latent Syphilis to Early Non-Primary, Non-Secondary

2 Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

Community Health -- OEDS – Fiscal Year Data

	Dec 2017	Dec 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	7	2	↓	21	19	↓
Syphilis Pregnant Cases	14	7	↓	45	71	↑
Perinatally Exposed to HIV	3	3	→	23	14	↓

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	35	0	21	0
Gonorrhea	19	1	15	0
Syphilis	93	4	80	2
HIV/AIDS (New to Care/Returning to Care)	16	0	48	50
Tuberculosis	45	0	11	0
TOTAL	208	5	175	52

1. Prevention-Community Outreach/Provider Outreach and Education:

In observance of World AIDS Day, SNHD offered free Express Testing for HIV, Syphilis, Gonorrhea, and Chlamydia at the Sexual Health Clinic November 30th. This service was made available for those clients who were asymptomatic. In addition to testing, conversations about PrEP and referrals to a PrEP navigator was provided for those interested in the medication approved to reduce the risk HIV acquisition.

Call to Action Press Conference on Dec 11th at SNHD. The goal of the Press Conference was to discuss SNHD partnership in the 90/90/90 initiative. Dr. Iser and Dr. Cade spoke to media, staff and community partners. Other topics discussed included PrEP and the SNHD Academic Detailing Project beginning the first of 2019. The press conference was well attended and received excellent media coverage. Testimonials from a few community members discussed their use of PrEP and its convenience.

1 Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

2 Reactors/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

3 OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

The Prep eLearning project has been completed by the contractor and sent to SNHD OEDS staff for review. This eLearning project is slated to begin distribution to community medical provider to assist with the conversation of PrEP with clients. OEDS staff have worked closely with the contractor on this project for 6 months developing the content, artwork, and branding of "Nevada is PrEP-ing for change".

OEDS participated in -

A. High Impact Screening Sites (HIV, STD, Hepatitis):

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV - Target population - MSM, transgender.
- b. Monday and Wednesdays - Trac-B Exchange - Rapid HIV and Hepatitis C testing - target population - IDU.
- c. Express Testing Services in the Sexual Health Clinic continue to expand and grow.
- d. 12/6 and 12/13: UNLV Nursing Student shadowing DIIS staff in SHC.

B. Staff Facilitated/Attended Training/Presentations

- a. 12/4-12/07: OEDS staff attended the annual Childhood Lead Poisoning Prevention Program (CLPPP) grant recipient meeting in Atlanta, GA. Staff presented on improving quality assurance and strengthening blood lead surveillance in Clark County, NV.
- b. 12/3-12/4: SNHD PrEP Navigators attended a PrEP Update Conference in Los Angeles, CA.
- c. 12/4-12/06: Presentation of "HIV Rapid Testing, Counseling, Safety, and Certificate Program" at SNHD. Approximately 13 in attendance. Organizations represented included: Community Outreach Medical Center, Southern Nevada Health District, Trac-B, UNLV, the Gay and Lesbian Center of Southern Nevada.
- d. 12/6: Presentation on "Local Epidemiology and the Role of the Health Department" by Angel Stachnik and "Trauma Informed Care" by Cheryl Radeloff for AETC's STD Clinical Update at the Southern Nevada Water District. Approximately 90 in attendance.
- e. 12/6: SNHD OEDS Supervisor Kimberly Hertin presented at the UMC Wellness Clinic on the DIIS support with OEDS staff partner services starting in Jan 2019.

- f. 12/7: Southern Nevada Harm Reduction Alliance Education committee meeting; held at Foundation for Recovery with community providers, 2 OEDS staff in attendance.
- g. 12/13: Southern Nevada Harm Reduction Alliance strategic planning meeting; held at Foundation for Recovery with community providers, 1 OEDS staff in attendance.
- h. 12/13-12/14: SNHD “Academic Detailing” Training presented by NARCAD. Approximately 25 SNHD, Nevada Division of Public and Behavioral Health, Washoe County Health Department, UNLV in attendance.
- i. 12/14: Enteric illness outbreak prevention education presented to staff at Courtyard Homeless Resource Center by Christian Murua. Approximately 12 in attendance.
- j. 12/18: Westcare Interlocal meeting. Hosted by Westcare with community providers and 2 OEDS staff in attendance.
- k. 12/18: Matthew Kappel presented on outbreak investigations to staff at a local resort & casino on the strip.
- l. 12/19: Presentation of “iCircle and Trisano Updates” by Elizabeth Adelman to SNHD OEDS staff (morning and afternoon sessions) approximately 35 staff in attendance.
- m. 12/19: SNHD OEDS Manager Marlo Tonge presented “Using Vending Machines for Harm Reduction: Nevada’s Experience” to a group of CDC staff in Atlanta, GA.
- n. 12/20: SNHD staff phlebotomy training - SNHD staff and community members present.
- o. 12/20: Presentation of “iCircle Updates” by Elizabeth Adelman to SNHD Family Planning and the Gay and Lesbian Center of Southern Nevada”. 6 SNHD staff were in attendance.
- p. 12/27: Presentation of “iCircle Updates” by Cheryl Radeloff to SNHD TB Clinic; approximately 4 SNHD staff were in attendance.
- q. 12/28: Presentation of “iCircle Updates” by Elizabeth Adelman to SNHD SHC; approximately 14 SNHD staff were in attendance.
- r. 12/31: Presentation and training of “iCircle Updates” by Joshua Montgomery to Huntridge Family Clinic staff and 5 community partners were in attendance.

Community Health -- OEDS -- Fiscal Year Data

	Dec 2017	Dec 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	539	268	↓	4,887	4,491	↓
Clinic Screening (SHC/FPC/TB)	568	299	↓	4,084	2,861	↓
Outreach Screening (Jails, SAPTA)	180	88	↓	702	852	↑
TOTAL	1,287	655	↓	9,673	8,204	↓
Outreach/Targeted Testing POSITIVE				74	68	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				35	30	↓

Outreach Screening (Jails, SAPTA) POSITIVE

11	12	↑
120	110	↓

TOTAL POSITIVES

2. Disease and Outbreak Investigations

A. Disease reports and updates:

- a. **Multi-state Salmonella Newport Cluster:** SNHD is currently investigating 13 cases of Salmonella that have been identified from laboratory evidence as being part of a national cluster most closely associated with ground beef. The CDC has provided questionnaires that are specific to their larger national investigation and SNHD's investigation of the 13 cases in Clark County is ongoing.
- b. **Acute Flaccid Myelitis:** OEDS is currently investigating a third suspect AFM case. This person is a resident of CA and was visiting Las Vegas when hospitalized locally. OEDS has been working closely with the California Department of Public Health (CDPH) and CDC to assign a case status. Specimens were collected and will be shipped to CDPH for further AFM testing. In 2018, OEDS has investigated three potential AFM cases, and to date, Clark County has had only one case of confirmed AFM.
- c. **Influenza Surveillance:** From the beginning of the 2018-2019 season, Influenza activity has been low locally and nationally. In the state of Nevada, the geographic spread of influenza was sporadic, and the ILI activity level was minimal. In Clark County, as of 11/22/2018, 68 influenza-associated hospitalizations and three influenza-associated deaths were reported. One of the reported deaths occurred in a child in the 0-4 age group. The two adult patients who died were in the 50-64 age group. Southern Nevada Health District will continue to update the public on the progression of the season and encourage influenza vaccination for all persons 6 months of age and older.
- d. **Influenza-like Illness (ILI) Outbreak at a Local Elementary School:** On December 14, OEDS received a call from CCSD regarding an increase in student and staff absences throughout a local elementary school. Initial suspicions by the school pointed toward GI illnesses, and EH conducted a site visit. However, based on data provided later by the school, absences appeared to be related to an increase of ILI throughout the school. School ended on 12/21 and this investigation is now closed.
- e. **Imported case of Measles, confirmed:** OEDS confirmed the first case of measles in Clark County since 2015. The case had travelled internationally and had close contact with a confirmed case there. The case returned to the US during the infectious period and visited several public locations. OEDS developed notification letters specific to the case's religious group and for local businesses visited while potentially infectious. OEDS also sent out a HAN notice for providers to watch for secondary cases and released a notification to the media. Currently no secondary spread has been identified. The incubation period ends 1/8/19.

B. Non-communicable Reports and updates:

- a. **Narcan training:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) awarded SNHD with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant in September of 2017. The purpose of this 4-year FR-CARA grant is to train and distribute naloxone to first responders and members of other key community sectors throughout Nevada to better respond

to the large-scale burden of opioid overdoses. Trainings continue in Nye County communities, Tonopah and numerous first responder, medical and treatment organizations.

The following Narcan/overdose trainings have been conducted in the month of December:

- 12/12/18: Foundation for Recovery (150 kits distributed)
- 12/12/18: Mojave Counseling (35 people trained, 170 kits distributed)
- 12/17/18: Westcare (200 kits distributed)
- 12/19/18: NLVPD (11 people trained, 72 kits distributed)
- 12/20/18: Westcare (6 people trained)
- 12/24/18: Westcare (5 people trained)

- C. **Communicable Disease Statistics:** November 2018 disease statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Continue to enhance Trisano disease surveillance system.
2. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
3. Work continues on the new Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
4. Assisting SNPHL with data extraction and reporting needed for the laboratory.
5. Migrations to the new SNHD SFTP server continued.
6. Assisting with the implementation of the Electronic Health Record (EHR) system.
7. Assisting the Office of Public Health Preparedness (OPHP) to develop SNHD Weekly Domestic Disease Outbreak and Investigation Report and Monthly Public Health Fusion Center Summary Report.
8. Assisting the Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinic Services with various data requests, data exports, and report generation.
9. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
10. Developed a customer kiosk application for passport services.
11. Continue to work with the State to migrate STD data into the State NEDSS Base System (NBS).
12. Developed a software application and worked with the Harm Reduction Center- Las Vegas and the CDC for the Syringe Exchange Vending Machine (SVM) project. The application is under testing.
13. Worked on the IAPD project with NV HealthHIE.
14. Developed an online dashboard for childhood lead poisoning prevention project.

IV. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

1. December Meetings:

A. Drug/Device/Protocol Committee (DPP)

The DPP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing

protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee continued its annual review of the Emergency Medical Care Protocols.

B. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board selected a new Chair and Vice Chair to serve for the next two calendar years. In addition, they reviewed draft protocols approved by the Drug/Device/ Protocol Committee.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	Dec 2017	Dec 2018		FY17-	FY18-	
				18 (July- June)	19 (July- June)	
Total certificates issued	42	25	↓	884	1854	↑
New licenses issued	21	24	↑	230	501	↑
Renewal licenses issued (recert only)	0	0	→	578	1094	↑
Active Certifications: EMT	607	600	↓			
Active Certifications: Advanced EMT	1367	1418	↑			
Active Certifications: Paramedic	1305	1696	↑			
Active Certifications: RN	38	47	↑			
Driver Only	0	20	↑			

*The Office of Emergency Medical Services and Trauma System is currently transitioning to a new software system, so all certification and licensure counts are approximate

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff supported the Multi-Agency Coordination Center and Medical Surge Area Command by staffing key incident support roles on New Year's Eve.
- B. OPHP conducted a Tabletop Exercise on December 7th for pre-identified SNHD Incident Command, Department Operations Center and Policy Group staff. The exercise focused on completing an Incident Action Plan and Incident Support Plan.
- C. OPHP staff participated in FEMA-Office of Counterterrorism and Security Preparedness, Blue Ribbon Panel Discussion on December 11th regarding the Health District's role in responding to and recovering from the October 1, 2017 shooting.

- D. OPHP staff participated in training Incident Command System (ICS) 400 course, Advanced ICS Command and General Staff – Complex Incidents with the City of Las Vegas Office of Emergency Management.
- E. OPHP along with members of the Southern Nevada Healthcare Preparedness Coalition and community partners attended the Center for Domestic Preparedness Healthcare Coalition Response Leadership Course in Anniston, AL. The training consisted of a combination of classroom, tabletop exercises and debriefings with other coalitions in attendance.
- F. OPHP staff participated in the Federal Coordinating Center Table Top Exercise at the Veterans Affairs Southern Nevada Healthcare System discussing the plan to receive initial notification, respond, and return to normal operations of the healthcare system in Southern Nevada. A walk-thru of the Patient Reception Area will be scheduled for community members to better visualize the physical layout.
- G. OPHP staff attended a Stakeholders meeting with the Clark County Office of Emergency Management to review the Multiple Jurisdictional Mass Casualty Incident Plan. This coordination meeting was to conduct a final review of information, plan location, and finalize the plan for approval.
- H. OPHP staff continue to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call-down notifications. Call-down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This monthly test of the system ensures that District staff contact information is current in the event a notification to all SNHD staff is needed to be able to respond to public health threat.
- I. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- J. OPHP staff continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings. The Ebola and Zika preparedness planning and grant deliverable activities remain a priority even though the grant for Zika has ended.
- K. OPHP staff continue to participate in Accreditation activities and Domain working groups to support SNHD.

2. PHP Training and PH Workforce Development:

- A. OPHP Education and Training: OPHP Training Officers continue to conduct new employee Emergency Preparedness Training, Intro to OPHP departmental presentations, co-instruct Regional Decon Training for SNHPC partners, conduct CPR and First Aid courses at the Health District; conduct Dr. Bluebird training as well as monitor SNHD staff compliance with completion of required ICS courses.
3. **Employee Health Nurse:** 19 staff received respirator fit testing; 17 received annual TB testing; and 7 staff received vaccinations. The annual updates of the Exposure Control and Respiratory Protection Plans are in progress.
4. **Grants and Administration:**
- A. OPHP has received the new sub-grants from the State. Currently we have the PHEP, CRI, and HPP grants in place and fully executed. OPHP has begun to work with other areas within the district to begin the spending of the grants as identified

within the SOW. SNHD has not received the new UASI Homeland Security grants from DHS. This year will be the last year of the current cooperative agreement.

5. Medical Reserve Corps of Southern Nevada (MRC of So NV):

- A. MRC continues to assist the immunization clinics, safety office, pharmacy, community outreaches and first aid events upon request.
- B. The MRC Coordinator continues to attend SNHPC and community meetings as well as recruiting and processing new volunteers, planning volunteer activities and sending monthly newsletters and bulletins.

6. OPHP CDC ASSOCIATE:

- A. A Community Assessment for Public Health Emergency Response (CASPER) relating to extreme heat was completed on 11/2 and 11/3/2018.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

- 1. **Clinical Testing:** SNPHL continues to support the SNHD Nursing Division with Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project. In October 2015, SNPHL began performing *C. trachomatis/N. gonorrhoeae* (CT/GC) molecular testing to support SNHD clinical programs.
- 2. **Epidemiological Testing and Consultation:**
 - A. SNPHL continues to support the disease investigation activities of the SNHD OEDS and Nursing Division.
 - B. SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
 - C. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).
- 3. **State Branch Public Health Laboratory Testing:**
 - A. SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS) and Influenza Surveillance.
 - B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
 - C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, *Listeria*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OEDS.
 - D. SNPHL provides courier services to SNHD public health centers and Southern Nevada hospital or commercial laboratories.
- 4. **All-Hazards Preparedness:**

- A. SNPHL continues to participate with SNHD OPHP, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.
- B. SNPHL staff continues to receive training on Laboratory Response Network (LRN) protocols for biological agent confirmation.
- C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- D. SNPHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI), and Las Vegas Metropolitan Police Department (LVMPD).
- E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

5. December 2018 SNPHLS Activity Highlights:

- A. Laboratory staff received an average of approximately 4 hours of training this month.
- B. Clinical laboratory began testing HIV 1 viral load. They have begun validation process for HCV viral load.
- C. SNPHL filled a vacant Technologist I/II position and began onboarding of the new hire. Training of the recent Senior Technologist hire continues.
- D. SNPHL continues to move forward with mandated transition from PFGE to WGS. The current established deadline for this change is 3/2019.
- E. SNPHL has worked closely with OEDS department and local community partners on recent cases of AFM, Acute HAV, and one instance of imported Measles.
- F. SNPHL Micro has positively identified the first E coli 0157 in Nevada linked to a recent nationwide romaine lettuce recall. Micro dept has also done significant work with CRE, Salmonella outbreaks, and a case of Listeria.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Dec 2017	Dec 2018		FY 17-18 (July-June)	FY18-19(July-June)	
Clinical Testing Services ¹	3,882	3,296	↓	26,686	21,291	↓
Epidemiology Services ²	138	242	↑	1,458	1,455	↓
State Branch Public Health Laboratory Services ³	48	22	↓	398	121	↓
All-Hazards Preparedness Services ⁴	67	6	↓	453	131	↓
Environmental Health Services ⁵	N/A	0		N/A	2,157	↑

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

2 Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

3 Includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories.

4 Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

5 Includes mosquito sample testing for arboviruses.

VII. VITAL STATISTICS

December 2018 showed a 3.6% increase in birth certificate sales in comparison to December 2017. Death certificate sales showed a 6% decrease for the same time frame. SNHD received revenues of \$35,958 for birth registrations, \$19,526 for death registrations; and an additional \$3,107 in miscellaneous fees for the month of December.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Dec	Dec		FY17-18	FY18-19	
	2017	2018		(July- June)	(July- June)	
Births Registered	2,111	2,332	↑	13,827	13,971	↑
Deaths Registered	1,516	1,422	↓	8,484	8,530	↑

Vital Statistics Services	Dec	Dec		FY17-18	FY18-19	
	2017	2018		(July- June)	(July- June)	
Birth Certificates Sold (walk-in)	2,527	2,562	↑	18,421	18,766	↑
Birth Certificates Mail	129	85	↓	855	612	↓
Birth Certificates Online Orders	840	946	↑	5,312	6,953	↑
Birth Certificates Billed	90	125	↓	654	651	↓
Birth Certificates Number of Total Sales	3,586	3,718	↑	25,242	26,982	↑
Death Certificates Sold (walk-in)	1,144	916	↓	6,724	5,824	↓
Death Certificates Mail	85	63	↓	506	391	↓
Death Certificates Online Orders	6,049	5,836	↓	34,475	35,883	↑
Death Certificates Billed	15	25	↑	149	161	↑
Death Certificates Number of Total Sales	7,293	6,840	↓	41,854	42,259	↑

Vital Statistics Sales by Source	Dec	Dec		FY17-18	FY18-19	
	2017	2018		(July- June)	(July- June)	
Birth Certificates Sold Decatur (walk-in)	70.5%	68.9%	↓	73%	69.6%	↓
Birth Certificates Mail	3.6%	2.3%	↓	3.4%	2.3%	↓
Birth Certificates Online Orders	23.4%	25.4%	↑	21%	25.8%	↑
Birth Certificates Billed	2.5%	3%	↑	2.6%	2%	↓
Death Certificates Sold Decatur (walk-in)	15.7%	13.4%	↓	16.2%	13.8%	↓
Death Certificates Mail	1.2%	.9%	↓	1.2%	.9%	↓
Death Certificates Online Orders	82.9%	85.3%	↑	82.2%	84.9%	↑
Death Certificates Billed	.2%	.4%	↑	.4%	.4%	→

Revenue	Dec 2017	Dec 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Birth Certificates (\$20)	\$71,720	\$74,360	↑	\$504,840	\$539,640	↑
Death Certificates (\$20)	\$145,860	\$136,800	↓	\$837,080	\$845,180	↓
Births Registrations (\$13)	\$36,543	\$35,958	↓	\$262,817	\$266,877	↑
Deaths Registrations (\$13)	\$21,775	\$19,526	↓	\$127,348	\$126,581	↓
Miscellaneous	\$3,235	\$3,107	↓	\$19,937	\$22,622	↑
Total Vital Records Revenue	279,133	\$269,751	↓	1,752,022	\$1,800,900	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

SNHD opened Passport Services on August 1, 2018.

Revenue	Dec 2017	Dec 2018		FY 17-18 (Jul- June)	FY 18-19 (Jul- June)	
Passport Execution/Acceptance fee (\$35)	n/a	\$10,080	↑	n/a	\$61,285	↑
Passport Photo Fee (\$12)	n/a	\$2,064	↑	n/a	\$10,428	↑
Total Passport Program Revenue	n/a	\$12,144	↑	n/a	\$71,713	↑

*Passport program opened to public on August 1, 2018

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Statistics, Surveillance, & Reports, Clark County Disease Statistics* November 2018

Disease	2016		2017		2018	
	Nov	YTD	Nov	YTD	Nov	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	.	25	.	25	5	20
Hepatitis A	.	10	0	11	.	34
Hepatitis B, acute	.	19	.	22	0	18
Hepatitis B, chronic	.	31	12	87	18	286
Influenza	24	597	131	798	27	896
Influenza-associated pediatric mortality	0	.	.	.	0	0
Measles (rubeola)	0	0	0	0	0	0
Meningococcal disease (N. meningitidis)	.	5	0	.	0	.
Mumps	.	.	0	.	0	.
Pertussis	.	26	.	36	.	42
SEXUALLY TRANSMITTED						
Chlamydia	962	10,491	1,030	11,562	992	12,645
Gonorrhea	341	3,312	434	4,179	420	4,814
SYPHILIS (Early non-primary, non-secondary)	26	413	32	413	34	417
SYPHILIS (PRIMARY & SECONDARY)	42	348	50	467	32	505
ENTERICS						
Amebiasis	.	8	.	7	0	.
Campylobacteriosis	14	112	6	86	9	109
Cryptosporidiosis	0	.	0	5	0	10
Giardiasis	.	47	.	29	.	46
Rotavirus	6	38	0	51	.	23
Salmonellosis	19	143	21	147	9	173
Shiga toxin-producing E. coli (STEC)	.	47	.	33	.	18
Shigellosis	.	48	7	92	8	82
OTHER						
Coccidioidomycosis	11	67	20	129	.	128
Dengue	0	.	0	.	0	0
Exposure, Chemical or Biological	0	.	.	6	.	6
Hepatitis C, acute	.	21	.	29	0	19
Hepatitis C, chronic	13	145	50	315	92	1,296
Hepatitis E, acute	0	.	0	0	0	.
Invasive Pneumococcal Disease	13	125	11	159	14	128
Lead Poisoning	9	116	26	129	.	142
Legionellosis	.	24	0	14	.	13
Listeriosis	.	.	0	.	0	.
Lyme Disease	0	15	.	14	0	8
Malaria	0	5	0	.	0	6
Meningitis, Aseptic	.	27	.	18	.	29
Meningitis, Bacterial Other	0	31	.	21	.	23
Meningitis, Fungal	0	7	.	6	0	7
RSV	124	838	25	967	29	1,323
Streptococcal Toxic Shock Syndrome (STSS)	.	16	.	24	0	29
Streptococcal disease, invasive (Group B)	0	0	0	0	0	.

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis. Data suppression denoted by '.' Applies if number of cases < 5.

~Diseases not reported in the past five years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.